

administration of a toxin because he used a **systemic** route of toxin administration, which assures wide spread effects based upon different physiological mechanisms.

For these reasons, the section 112(1) rejection of claims 7-11, 14-18 and 28-34, as amended, should be withdrawn.

V. Re-Submitted IDS

The Office Action returned to applicant a copy of the PTO-Form 1449 with the Galardi, Kimura and Lamanna references lined through indicating that the Examiner do not consider these references. Applicant notes that the Lamanna reference was crossed out on the PTO-1449 form, but that the Office Action cited to the Lamanna reference at several places in the Office Action. Nevertheless, applicant includes with this response a resubmitted IDS.

VI. Conclusion

All issues raised by the Office Action have been addressed. Reexamination, reconsideration and allowance of claims 7, 15-17 and 37-38 is requested.



UNMARKED VERSION OF THE CLAIMS

7. A method for treating bradycardia, the method comprising the step of intrapericardial injection of a botulinum toxin to an SA node or to an AV node of a heart of a patient with bradycardia, thereby treating bradycardia.

15. The method of claim 7, wherein the botulinum toxin is botulinum toxin type A and the amount of botulinum toxin type A locally administered to the heart is between about 0.01 U/kg and about 35 U/kg.

16. The method of claim 7 wherein the botulinum toxin is botulinum toxin type A and the amount of botulinum toxin type A locally administered to the heart is between about 0.1 U/kg and about 30 U/kg.

17. The method of claim 7, wherein the botulinum toxin is botulinum toxin A and the amount of botulinum toxin A locally administered to the heart is between about 1 U/kg and about 25 U/kg.

37. The method of claim 7, wherein the botulinum toxin is selected from the group consisting of botulinum toxins types A, B, C, D, E, F and G.

38. A method for treating bradycardia, the method comprising the step of intrapericardial injection of a botulinum toxin type A to an SA node or to an AV node of a heart of a patient with bradycardia, thereby treating bradycardia.

MARKED UP VERSION OF THE CLAIMS

7. (twice amended) A method for treating bradycardia, the method comprising the step of intrapericardial injection of a botulinum toxin to an SA node or to an AV node of a heart of a patient with bradycardia~~cardiac muscle~~, thereby treating bradycardia.

Cancel claim 9.

Cancel claim 10.

15. (twice amended) The method of claim 7, wherein the botulinum toxin is botulinum toxin type A and the amount of botulinum toxin type A locally administered to the heart~~cardiac muscle~~ is between about 0.01 U/kg and about 35 U/kg.

16. (twice amended) The method of claim 7 wherein the botulinum toxin is botulinum toxin type A and the amount of botulinum toxin type A locally administered to the heart~~cardiac muscle~~ is between about 0.1 U/kg and about 30 U/kg.

17. (twice amended) The method of claim 7, wherein the botulinum toxin is botulinum toxin A and the amount of botulinum toxin A locally administered to the heart~~cardiac muscle~~ is between about 1 U/kg and about 25 U/kg.

37. The method of claim 7, wherein the botulinum toxin is selected from the group consisting of botulinum toxins types A, B, C, D, E, F and G.

38. (once amended) A method for treating bradycardia, the method comprising the step of intrapericardial injection of a botulinum toxin type A to an SA node or to an AV node of a heart of a patient with bradycardia~~aa-cardiae muscle~~, thereby treating bradycardia.